



Department of Business License

Instructions for a Business License Application for a Medical Marijuana Establishment

Upon receipt of a Medical Marijuana Establishment Registration Certificate or Provisional Certificate from the State of Nevada, a person may file an application for a Clark County Business License to operate a Medical Marijuana Establishment located within the unincorporated areas of Clark County, Nevada, by completing the Application Form and providing certain requested documents and information for review by the Department of Business License.

The following instructions are intended to aid the Owner or Operator of the proposed Medical Marijuana Establishment in completing the Application Form and providing required information and documents.

TWO (2) complete sets of the Application Form and required information and documents are required and may be submitted in person, by drop-off or appointment, or may be mailed to our Department at:

**Clark County
Department of Business License
PO Box 551810
Las Vegas, NV 89155-1810**

Only one submittal of TWO (2) complete sets of the Application Form and required information and documents is required for all Medical Marijuana Establishments that are located at the same location in the County and have the exact same ownership.

**If you have any questions please submit them to:
BLOutreach@clarkcountynv.gov**

APPLICATION FORM INSTRUCTIONS

1. Provide a copy of the Medical Marijuana Establishment Registration Certificate or Provisional Certificate that was issued by the State of Nevada.
2. Complete the attached Business License Application Form.
3. Complete the attached Financial Questionnaire. Section 1 must be completed for the Medical Marijuana Establishment related to this application. Section 2 must be completed for each individual owner, officer or board member with an ownership percentage of 10% or higher and other individuals as requested by the Department. Section 3 is only required to be completed if a separate entity (non-individual) or business contributed capital for the business.
4. Complete the Ownership Disclosure Form listing all individuals with any ownership interest in the business and their percentages of ownership. The total percentage must equal 100%.
5. Provide TWO (2) CDs; each CD should contain a **COMPLETE SET** of data that was submitted to the State of Nevada for the Medical Marijuana Establishment Registration Certificate including what was submitted (a) in paper form and (b) on compact disc consisting of the Identified Criteria Response data and the Non-Identified Criteria Response data. Each of the two CDs must be packaged in a case and clearly labeled as “Nevada State MME Registration Certificate Data” with the Applicant’s business name and address.
6. Provide a detailed organizational chart.
7. Provide updated property information, such as any revised, amended or replaced leases or deeds or any changes in the documentation of the right to use the property as a medical marijuana establishment that has occurred since the previous filing of information for a Special Use Permit, if applicable. If no changes have occurred since the previous filing, or if the applicant has not previously applied for a Special Use Permit, state that fact.
8. Provide a brief summary of the status of the building to be used by the Medical Marijuana Establishment including any construction or remodeling necessary, the projected timeline to complete any construction or remodeling, and the projected start of business date.

9. Provide a description and documentation for any significant changes in this application as compared to the information contained in the Preliminary Review Form for the Application of a Special Use Permit that was previously submitted to the Department, if applicable.

Upon receipt of the TWO (2) copies of the Application and information required in #1 through #9 above, the Department of Business License will begin processing your application by entering data into our system and requesting a review by the Current Planning Division (Zoning) for verification that a Special Use Permit has been approved for the location of the applicant's proposed Medical Marijuana Establishment and the status of any conditions placed on the permit.

Following sign-off from Zoning, public safety inspections will be conducted as applicable. Once all public safety inspections have been performed and the applicable agencies have signed off that the applicant is in compliance with the Code and regulations, the Department will schedule a Code Conference with the applicant to review the requirements and provisions of the County Code that may affect the applicant and the operation of the medical marijuana establishment.

At the Code Conference, the applicant must make available for review by the Department the Business Plan for the Medical Marijuana Establishment. The Business Plan will not be retained by the Department.

NOTICE: No business may be conducted until a Clark County Business License has been approved and issued by the Department.

APPLICATION FEE:

The Application for a Medical Marijuana Establishment Business License must be accompanied with the application fee as follows:

Application Fee for Medical Marijuana Establishment	\$1,500
---	---------

For each additional Medical Marijuana Establishment at the same location with identical ownership	\$ 500
--	--------

(For example: for a dispensary, a cultivation facility and a production facility at the same location with the same exact ownership, the application fee would be \$2,500 (\$1,500 + \$500 + \$500)).